

**SUBSTITUTE
DECLARATION AND POWER OF ATTORNEY**

Docket No. X-11965

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the invention entitled

**METHOD OF INCREASING BONE TOUGHNESS AND STIFFNESS
AND REDUCING FRACTURES**

which is described and claimed in the specification which:

(check ☐ is attached hereto.
one) ☒ was filed on 26 September 2000 as United States Application
Serial No. 09/647,278

or

PCT International Application No. PCT/US99/18961
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined 37 C.F.R. 1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional patent application(s) listed below.

60/097,151
(Application Number)

19 August 1998
(Filing Date)

60/099,746
(Application Number)

10 September 1998
(Filing Date)

Power of Attorney: As a named inventor, I hereby appoint the attorneys and/or agent(s) associated with customer number 25885 to prosecute this application and transact all business in the Patent and Trademark Office.

Send correspondence to the address associated with the customer number.

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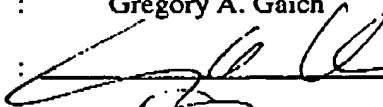
Page 2

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full Name of Sole or
or First Inventor

: Gregory A. Gaich

Inventor's Signature

:  Date: 25 Feb 05

Residence Address

: 5744 North Delaware Street
Indianapolis, Indiana 46220

Post Office Address

: SAME AS ABOVE

Citizenship

: U.S.

Full Name of Second
Joint Inventor, if Any:

Willard H. Dere

Inventor's Signature

: _____ Date: _____

Residence Address

: 1601 Vista Oaks Way
Westlake Village Ventura, CA 91361

Post Office Address

: SAME AS ABOVE

Citizenship

: U.S.

Full Name of Third
Joint Inventor, if Any:

Janet M. Hock

Inventor's Signature

: _____ Date: _____

Residence Address

: 7702 Candlewood Lane
Indianapolis, Indiana 46250

Post Office Address

: SAME AS ABOVE

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Inventor's Signature : _____ Date: _____

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Indianapolis, Indiana 46220

Post Office Address : SAME AS ABOVE

Citizenship : U.S.

Full Name of Second
Joint Inventor, if Any:

Willard H. Dere

Inventor's Signature : Willard H. Dere Date: 25 February 2005

Residence Address : 1601 Vista Oaks Way
Westlake Village Ventura, CA 91361

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Full Name of Third
Joint Inventor, if Any: Janet M. Hock

Inventor's Signature : Janet M. Hock Date: 3-24-2005

Residence Address : 7702 Candlewood Lane
Indianapolis, Indiana 46250

Post Office Address : SAME AS ABOVE

Citizenship : U.S.